



Please type a plus sign (+) inside this box → +

HDP/SB/21 based on PTO/SB/21 (08-00)

FWA

TRANSMITTAL FORM

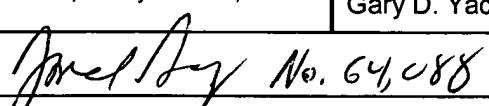
(to be used for all correspondence after initial filing)

Application Number	10/642,635
Filing Date	August 19, 2003
Inventor(s)	Kang Soo SEO et al.
Group Art Unit	2621
Examiner Name	Tat Chi Chio
Attorney Docket Number	46500-000532/US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)	<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO Form 1449
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Gary D. Yacura	Reg. No. 35,416
Signature	 No. 64,088		
Date	April 27, 2009		

GDY/JBS:gew

FEE TRANSMITTAL for FY 2009

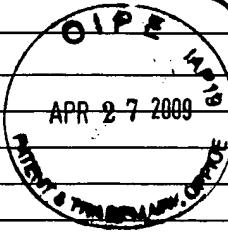
Effective 2/8/2006. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180

Complete if Known

Application Number	10/642,635
Filing Date	August 19, 2003
First Named Inventor	Kang Soo SEO et al.
Examiner Name	Tat Chi Chio
Art Unit	2621
Attorney Docket No.	46500-000532/US



METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None
Order
 Deposit Account:

Deposit Account Number	08-0750
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Deposit Account Name	Harness, Dickey & Pierce, P.L.C.
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The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1011	330	2011 165 Utility filing fee	
1012	220	2012 110 Design filing fee	
1013	220	2013 110 Plant filing fee	
1014	330	2014 165 Reissue filing fee	
1005	220	2005 110 Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	28	-28 **	= 0	X 0 = 0
Independent Claims	7	-7 **	= 0	X 0 = 0
Multiple Dependent				

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	52	2202	26	Claims in excess of 20
1201	220	2201	110	Independent claims in excess of 3
1203	390	2203	195	Multiple dependent claim, if not paid
1204	220	2204	110	** Reissue independent claims over original patent
1205	52	2205	26	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	130	2251 65 Extension for reply within first month	
1252	490	2252 245 Extension for reply within second month	
1253	1,110	2253 555 Extension for reply within third month	
1254	1,730	2254 865 Extension for reply within fourth month	
1255	2,350	2255 1,175 Extension for reply within fifth month	
1401	540	2401 270 Notice of Appeal	
1402	540	2402 270 Filing a brief in support of an appeal	
1403	1,080	2403 540 Request for oral hearing	
1452	540	2452 270 Petition to revive - unavoidable	
1453	1,620	2453 810 Petition to revive - unintentional	
1462	400	1462 400 Petition fee under 37 CFR 1.17(f)	
1463	200	1463 200 Petition fee under 37 CFR 1.17(g)	
1464	130	1464 130 Petition fee under 37 CFR 1.17(h)	
1807	50	1807 50 Processing fee under 37 CFR 1.17 (q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	180
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	810	2809 405 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	810	2810 405 For each additional invention to be examined (37 CFR § 1.129(b))	
1801	810	2801 405 Request for Continued Examination (RCE)	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 180)

4. SEARCH/EXAMINATION FEES

1111	540	2111 270 Utility Search Fee	
1112	100	2112 50 Design Search Fee	
1113	330	2113 165 Plant Search Fee	
1114	540	2114 270 Reissue Search Fee	
1311	220	2311 110 Utility Examination Fee	
1312	140	2312 70 Design Examination Fee	
1313	170	2313 85 Plant Examination Fee	
1314	650	2314 325 Reissue Examination Fee	

SUBTOTAL (4) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Gary D Yacura	Registration No. (Attorney/Agent)	35,416	Telephone	703-668-8000
Signature			Date	April 27, 2009	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.